BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

106/2670

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR , SMALL ENTITY	
TOTAL CLAIMS			10				. [RATE	FEE	İ	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		+0			X42=		OR	X84=	·
MULTIPLE DEPENDENT CLAIM P			RESENT		<u> </u>			+140=	,	OR	+280=	
* If	the difference in	column 1 is	less than zero, enter "0" in			olumn 2		TOTAL		OŘ	TOTAL	7(7)
1304 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	4 5
AMENDMENT A		CLAIMS HIGH REMAINING NUM AFTER PREVIC AMENDMENT PAID		BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total *	10	Minus	** 2	<u>O</u> _	=		X\$ 9=	. <u>.</u>	OR	X\$18=	
	Independent * FIRST PRESENT		Minus .	***	CLAIM	=	ll	X42=		OR	X84≐	
لبــا	FIRST FRESENT	INTON OF MIC	DETIFICE DEF	CIADEIA	CLAIM		1	+140=		OR	+280=)
							•	TOTAL ADDIT. FEE.		OR	TOTAL ADDIT, FEE	Û
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent + FIRST PRESENT	TATION OF MI	Minus	***	CLAIM	1=	$\ \ $	X42=		OR	X84=	
Ļ	i iio i i ileocivi		JEHN EE JEN	CIVECIVI	00		,	+140=		OR	+280=	
	•					TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ★		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent * FIRST PRESEN		Minus	***	F CL ADA]=	$\ \ $	X42=		OR	X84=	
<u> </u>	HIND! PRESEN	TATION OF ME	JUINE UER	ENDER	CLAIM		1	+140=		OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB	TOTAL	
**If the "Highest Number Previously Paid For" (North Space is less than 3, enter "20." **If the "Highest Number Previously Paid For" (North Space is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												